

## INDIANA DEPARTMENT OF HOMELAND SECURITY CODE SERVICES SECTION

302 West Washington Street, Room W246 Indianapolis, IN 46204-2739 http://www.in.gov/dhs/fire/fp\_bs\_comm\_code/



INSTRUCTION: Please refer to the attached four (4) page instructions. Variance number (Assigned by department) Attach additional pages as needed to complete this application. 16-12-14 1. APPLICANT INFORMATION (Person who would be in violation if variance is not granted; usually this is the owner) Name of the applicant Title BEMSAMIN ž Owyer Name of organization Telephone number MADLE LAME (240) 627 5000 Address (number and street, city, state, and ZIP code) 13428 Spein- Grabe Contra Ko 2. PERSON SUBMITTING APPLICATION ON BEHALF OF THE APPLICANT (If not submitted by the applicant) Name of person on behalf of the applicant Name of organization Address (number and street, city, state, and ZIP code) BUSVILLE IN 3. DESIGN PROFESSIONAL OF RECORD (If applicable) Name of design professional License number Name of organization Telephone number Address (number and street, city, state, and ZIP code) 4. PROJECT IDENTIFICATION Name of project State project number County 375219 Site address (number and street, city, state, and ZIP code) PIZING FICLD CENTER 17428 Type of project; New Addition Alteration Change of occupancy Existing 5. REQUIRED ADDITIONAL INFORMATION The following required information has been included with this application (check as applicable): A check made payable to the Indiana Department of Homeland Security for the appropriate amount. (see instructions) One (1) set of plans or drawings and supporting data that describe the area affected by the requested variance and any proposed alternatives. Written documentation showing that the local fire official has received a copy of the variance application. Written documentation showing that the local building official has received a copy of the variance application. 6. VIOLATION INFORMATION Has the Plan Review Section of the Division of Fire & Building Safety issued a Correction Order? ☐ Yes (if yes, attach a copy of the Correction Order) ☑ No Yes (if yes, attach a copy of the Violation and answer the following) Has a violation been issued? ☑ No Violation issued by: ☐ Local Building Department State Fire and Building Code Enforcement Section ☐ Local Fire Department

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No. 6731 pg. 11/1 4/ 4

7. DESCRIPTION OF REQUESTED VARIANCE	
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S. DEMONSTRATION THAT PUBLIC HEALTH, SAFFEY, AND WILL FAR	n with recentreman
Selectione of the following statements:	
Non-compliance with the rule will not be adverse to the public health; salary or welfers; or	
Opplicant will underlake alternative actions in lieu of complicace with the release answer francisco of the vectories will not be adverse to public fleath, safety, or walkers. Explain why alternative actions would be adequate (be specific).	
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9. DEMONSTRATION OF UNDER HARDSHIP OR HISTOFICALLY SIGNIFICAND STRUCTURE  SOME ALMOSTRATION OF UNDER HARDSHIP OR HISTOFICALLY SIGNIFICAND STRUCTURE	
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La deposition of the rule would result in an under hardship (enusual difficulty) because of major operational problems in the use of the building or smuclus.	
II Imposition of the rule would result in an undue hardship (unusual difficulty) because of excessive costs of additional or altered construction elements.	
Incostion of the rule would prevent the preservation of an architecturally or a historically significant part of the building or structure.	
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to Watement Accounty	,
Pheroby certify under penalty of perjury that the information contained in this application is accurate.	
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Signature of deelgrypo sectional fit applicables	Denyamin /// D/(C
The state of the s	print name   - Oats of elgrature (marth, day, year)
11. STATEMENT OF AWARENESS III the application is submitted on t	he applicant's behalf the applicant most sign the following stancesors)
I hereby carrify uniter penalty of paritiry that I am aware of this request for variance and that this application is being submitted on my behalf.	
Signatural Application of States of	
	V. Territoria

